



**City of Roswell, P.O. Drawer 1838, Roswell, NM 88202**  
**Attn: Business License Clerk**

**VENDOR MERCHANT APPLICATION**

Present this completed application to Roswell Police Department, 128 W. Second St. for a background check and fingerprinting. Bring this completed application to the City Licensing Clerk in the Code Enforcement Office, 421 N. Richardson, telephone (575) 637-6208, for issuance of the permit.

**For fee information please contact number above**

**Seven (7) days advance notice required.**

***PLEASE PRINT***

Full Name: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: F M (circle one)

Driver's Lic. No.: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

Scars or Identifying Marks (description): \_\_\_\_\_

Roswell Address (Motel): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Vehicle Description: Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Color: \_\_\_\_\_ License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ No. Years Employed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Residence Last 12 Months: \_\_\_\_\_

**New Mexico State Tax ID No. (CRS Tax Id #):** \_\_\_\_\_

**Type of Goods/Merchandise/Services to be sold:** \_\_\_\_\_

**Selling dates:** \_\_\_\_\_

**Selling Location:** \_\_\_\_\_

\*\*\*Have you ever been convicted of an offense involving moral turpitude, misdemeanor or felony? **Yes**\_\_\_\_ **No**\_\_\_\_  
(Moral turpitude of conduct which is contrary to the customary rules or rights and duties between persons or a person and a society, and would include but not limited to, such conduct as assault, battery, larceny, shoplifting, sexual offenses, contributing to the delinquency of a minor, theft, fraud, and similar types of conduct). If yes, explain on the reverse of this form.

\_\_\_\_\_  
**VENDOR/MERCHANT SIGNATURE**

\_\_\_\_\_  
**Date**

NCIC RECORDS CHECK \_\_\_\_\_

\*\*\*\*PLEASE LIST ARREST HISTORY ON REVERSE

\_\_\_\_\_  
**POLICE DEPARTMENT SIGNATURE**

\_\_\_\_\_  
**Date**

Zoning Department Approval for food vendors only (must submit property owner's permission in writing).

Planning & Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_